



TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE

TO: Herman Horn, Chief, Bureau of Regional & Local Health Operations
Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies

FROM: Gerald D. Cannaday, Jr., Chief {Original signed}
Bureau of Nutrition Services

DATE: February 9, 2001

SUBJECT: Annual Plan of Operations

During the January 12, 2001 funding committee meeting, several issues were discussed that impact the development of local agency Annual Plans of Operations. Specifically, changes to the due date, exempt hours calculation and extended hours requirements will affect the preparation of the FY 2002 (October 1, 2001-September 30, 2002) Plan of Operations. These changes are listed as follows:

- The FY 2002 Annual Plan of Operations is due on **March 15, 2001**. This deadline has been moved from July 1 to meet Texas Department of Health (TDH) contracting deadlines. This will allow the most current Plan of Operations to be used in calculating site equivalents, which constitute one adjustment factor in the funding formula. Please remember that whether you make changes or not, you must submit the FY 2002 Plan by March 15, 2001. The information you put into your FY 2002 Plan of Operations will be effective beginning October 1, 2001.
- The FY 2002 Plan will allow exempt hours to be included in the calculation of site equivalents. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Policy GA: 16.0, Procedure II.A.2.b. identifies those clinics that may qualify for an exemption. **Please continue to place an asterisk “ * ” by each exempt clinic and follow the instructions on the “WIC Clinic Hours LA #____” worksheet.** An example has been provided to assist you with your calculations.
- The FY 2002 Plan will allow agencies to schedule extended hours that reflect the best way to serve participants in their own communities. The Plan must include the justification of the extended hours scheduled and assurances that participation levels will remain constant or grow. **This can be documented in the column “Reason for Clinic Schedule/Justification of Extended Hours” on the “WIC Clinic Hours LA #____” worksheet.** This is in addition to documenting the reason for the clinic schedule.

The following are guidelines that should also be considered while developing the Plan of Operations:

- The hours that you submit are the hours when WIC services are provided to clients, e.g., certifications, nutrition education/counseling, voucher issuance, immunizations, etc. Time spent in traveling, doing administrative work (training staff, paperwork, etc.), or the lunch hour is not considered to be time spent providing WIC services.
- Please calculate your hours according to the instructions on the forms. For clinics that are opened on a weekly basis, multiply by 4.3 (not 4.33).

The worksheets you will need are attached for your convenience. In order to adhere to WIC Policy GA: 16.0, please remember to provide a complete list of clinic site names, site numbers, physical addresses, and the appointment and technical phone numbers for each site. The "Clinic Information Form" may be used or you may use your own form. Also, please complete the "Reason for Clinic's Schedule/Justification for Extended Hours" on the "WIC Clinic Hours LA #____" worksheet.

To assist my staff in calculating your extended hours, please indicate on the "Annual Plan of Operations" form under the "Narrative discussion of comments" section the method, monthly and/or weekly, used to calculate your hours. If you are using both, please indicate the calculation method for each clinic. For example, sites #02, #03, #04 are calculated for the month of October 2001, and sites #05, #06, and #07 are calculated weekly.

You may also request changes to your current (FY 2001) Plan of Operations. If you amend it for FY 2001 and the amendments apply for FY 2002, you may use one Plan of Operations for both years and indicate your choice by checking the appropriate line on the "Annual Plan of Operations" form. Please continue to follow Policy GA: 16.0, Procedure II.C which requires you to update your Annual Plan of Operations when the total number of extended hours changes by more than 5%. **Changes to your hours of operation in FY 2001 will not result in any change to your reimbursement rate for the current contract period (October 1, 2000 – September 30, 2001).** You will continue to receive incentive funding for the provision of services during extended hours.

If you have any questions regarding the Annual Plan of Operations, please contact Karen Davis, Director, WIC Policy and Communication Section, at (512) 406-0711, extension 221.

Attachments

WIC CLINIC HOURS LA # _____

Site #	Clinic Name*	Schedule of Clinic Operations	Total Number of Hours Open per Month**				Reason for Clinic's Schedule/ Justification of Extended Hours (annotate if an exemption is requested as provided by Paragraph II. A.2.b.)
			M-F 8am-5pm (including lunch, if applicable)	Total number of hours worked during lunch	M-F <u>before</u> 8am or <u>after</u> 5pm	<u>On Saturday</u> or <u>on Sunday</u>	
Total Number of Hours per Month Excluding Exempt Clinic Sites ▶							

New ▶ **Total Number of Exempt Clinics:** _____
Total Number of Hours for Exempt Clinics per Month: _____

1. Place an asterisk "*" by each clinic's name that is either a school, hospital, or private workplace that may qualify for an exemption as defined in Policy GA: 16.0, Paragraph II.A.2.b. **Identify the hours of operation for the exempt clinic sites, but exclude the hours of these clinics in totaling the columns.** Also, submit appropriate documentation as required by Section II.A.2.c.

2. For a clinic with the same schedule each week, the total number of hours per month = number of hours per week X 4.3.
For a clinic with a monthly or an irregular schedule, the total number of hours per month = sum of the hours offered each day of the month.

WIC CLINIC HOURS LA # _____
EXAMPLE

Site #	Clinic Name*	Schedule of Clinic Operations	Total Number of Hours Open per Month**				Reason for Clinic's Schedule/ Justification of Extended Hours (annotate if an exemption is requested as provided by Paragraph II. A.2.b.)
			M-F 8am-5pm (including lunch, if applicable)	Total number of hours worked during lunch	M-F before 8am or after 5pm	On Saturday or on Sunday	
1	Rosedale	M-F, 9-12,1-6	7x5x4.3=150.5	0	1x5x4.3=21.5	0	Based on results of community needs assessment.
2	Daisy	Tu & Th, 1-7	4x2x4.3=34.4	0	2x2x4.3=17.2	0	Best meets needs of community.
3	Flower School *	Once a month 8-7	9x1=9	1x1=1	2x1=2	0	Donated space by school. Current documentation attached for exemption.
4	Hyacinth	Sat, 8-12				4x1x4.3=17.2	To meet intent of legislation.
Total Number of Hours per Month Excluding Exempt Clinic Sites ▶			184.9	1	38.7	17.2	

New ▶ **Total Number of Exempt Clinics:** 1
Total Number of Hours for Exempt Clinics per Month: 11

1. Place an asterisk "*" by each clinic's name that is either a school, hospital, or private workplace that may qualify for an exemption as defined in Policy GA: 16.0, Paragraph II.A.2.b. **Identify the hours of operation for the exempt clinic sites, but exclude the hours of these clinics in totaling the columns.** Also, submit appropriate documentation as required by Section II.A.2.c.

2. For a clinic with the same schedule each week, the total number of hours per month = number of hours per week X 4.3.
For a clinic with a monthly or an irregular schedule, the total number of hours per month = sum of the hours offered each day of the month.

SUMMARY OF EXTENDED HOURS AT WIC CLINICS LA#

ALL CLINICS

Description		Total Hours
A.	Monthly total number of M-F hours between 8 a.m. and 5 p.m. (all clinics) from previous page minus total number of hours worked during lunch from previous page.	
B.	Monthly total number of M-F hours before 8 a.m. and after 5 p.m. from previous page.	
C.	Monthly total number of Saturday or Sunday hours from previous page.	
D.	Monthly total of all extended hours (all clinics). B + C	
E.	Total number of all clinic hours (regular + extended hours) A+B+C	
F.	% of Extended Hours Operated by LA D/E	
G.	% of Extended Hours Operated M - F B/E	
H.	% of Extended Hours Operated on Saturday or Sunday. C/E	

- Hours should be reflected to one decimal place.
- Be sure to round each percentage to the nearest whole number, i.e., 15.5% becomes 16%.

Plan of Operations

SUMMARY OF EXTENDED HOURS AT WIC CLINICS LA#
ALL CLINICS
EXAMPLE

Description		Total Hours
D.	Monthly total number of M-F hours between 8 a.m. and 5 p.m. (all clinics) from previous page minus total number of hours worked during lunch from previous page.	192.9
E.	Monthly total number of M-F hours before 8 a.m. and after 5 p.m. from previous page.	38.7
F.	Monthly total number of Saturday or Sunday hours from previous page.	17.2
D.	Monthly total of all extended hours (all clinics). B + C	55.9
E.	Total number of all clinic hours (regular + extended hours) A+B+C	248.8
F.	% of Extended Hours Operated by LA D/E	22%
G.	% of Extended Hours Operated M - F B/E	16%
H.	% of Extended Hours Operated on Saturday or Sunday. C/E	7%

1. Hours should be reflected to one decimal place.
2. Be sure to round each percentage to the nearest whole number, i.e., 15.5% becomes 16%.

Plan of Operations

Clinic Information Form - LA # _____

Clinic Site Name	Site #	Physical Address	Appt. Phone #	Tech. Phone #

ANNUAL PLAN OF OPERATIONS

WIC LOCAL AGENCY # _____

Local Agency Name	WIC Director's Name
Address	Telephone Number Fax Number E-Mail Address
Geographic Service Area	Estimated number of participants per month your agency anticipates serving in FY _____.
Narrative discussion of comments (optional) 	

Please check all that apply:

- _____ This plan constitutes a request to change the current (FY 2001) Plan of Operations **AND** represents the new FY 2002 Plan of Operations.
- _____ This is the FY 2002 (October 1, 2001 – September 30, 2002) Plan of Operations only.
- _____ The FY 2001 Plan of Operations will not be updated.

Signature of Local Agency Director

Date

Plan of Operations